MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

03433

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 16 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Greensboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Bonio Hezkiah Bittle

3.(b) Social Security Number none

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband~~ or wife Alice Gildea Bittle
6(c) If alive, give age 83? years
7. Birth date of deceased (mo., day, yr.) January 31 - 1862
8. AGE: Years 78 Months 2 Days - If less than one day ___ hrs. ___ min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual occupation Real estate agent & Owner of Hotel
11. Industry or business Greensboro Md.
FATHER
12. Name Hezkiah Bittle
13. Birthplace Pennsylvania
MOTHER
14. Maiden name Sarah Worley
15. Birthplace York, Pennsylvania
16. Informant Mrs. George Myerly
Address Taneytown, Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/3/40 (month) (day) (year)
Cemetery or crematory Irwd Ridge
Location Baltimore Md.
18. Funeral director Earl W Stafford
Address Easton Md
19. 4/1 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 9:55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 15 1940, to Mar. 31 1940, and that I last saw him alive on Mar. 31 1940.

Immediate cause of death Lobar Pneumonia — DURATION 3-28-40
Due to
Due to
Other conditions Hypertrophied Prostate — 5 yrs?
(Include pregnancy within 3 months of death)
Major findings:
Of operations Hypertrophied Prostate
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. Cox M.D. M. D. or other
Address Easton Md Date signed 4-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03434

1. PLACE OF DEATH (83-a)

County Talbot Registration Dist. No. 224

Village or City Wittman No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Frances Brooks If U. S. Veteran, specify WAR

(a) Residence: No. Wittman St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Brooks

6. DATE OF BIRTH (month, day, and year): January 7, 1881

7. AGE: 59 Years, Months: 2, Days: 6, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook - Gen. House Wk.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Various homes

10. Date deceased last worked at this occupation (month and year): Mar. 12, 1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Talbot County, Md.

FATHER

13. NAME: William Manokie

14. BIRTHPLACE (city or town) (State or country): Talbot County, Md.

MOTHER

15. MAIDEN NAME: Annie Grace

16. BIRTHPLACE (city or town) (State or country): Talbot County, Md.

17. INFORMANT (Address): Georgetta Myers, Sherwood, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place: Sherwood Date: Mar. 17, 1940

19. UNDERTAKER (Address): J. Norman Marshall, St. Michaels.

20. FILED: 3-14, 1940 Anna Carey Thomas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 13, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from never attended, to, 19

I last saw h alive on Jan, 1946 death is said to have occurred on the date stated above, at 3.30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage (Became sick at night & was dead in 15 mins) — Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jeremy Reese M. D.

(Address) Tilghman Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(1)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED APR 7 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03435

CERTIFICATE OF DEATH

Reg. Dist. No. 39-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15-1

1. PLACE OF DEATH:
County: Talbot County
City or town: Rural - Near Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: None
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Rural - Near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural - Near Trappe, Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Bryan

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Effie L. Griffith
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	19	hrs. min.

9. Birthplace: Dorchester Co., Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Jacob Bryan
13. Birthplace: Delaware
MOTHER 14. Maiden name: Elizabeth Dalby
15. Birthplace: Delaware
18. Informant: Mrs. Edward Bryan
Address: Trappe, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 26 1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Eastern Shore, Maryland
18. Funeral director: Maurice E. Nelson & Son
Address: Easton, Md.
19. March 26 1940 (Date rec'd by registrar) Joseph A. Coss Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23rd 1940 to March 23rd 1940, and that I last saw him alive on March 23rd 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 12 hrs
Due to: Arteriosclerosis — 3 years
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Coss M. D. or other
Address: Trappe, Md. Date signed 3/26/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03436

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Bell Collins

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	C	married

6 (b) Name of husband or wife Oscar Collins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1890

8. AGE: Years	Months	Days	If less than one day
50	8	7	hrs. min.

9. Birthplace Talbot Co. Md.

(Town, county, and state)

10. Usual occupation Nurse

11. Industry or business

FATHER

12. Name George Washington Belle

13. Birthplace Unknown

MOTHER

14. Maiden name Unknown

15. Birthplace

16. Informant Laura Collins

Address Locust St. Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/20/40 (month) (day) (year)

Cemetery or crematory Easton, Md

Location Easton

18. Funeral director Earl W Stafford

Address Easton. Md.

19. 3/18/40 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8, 1940, to March 17, 1940, and that I last saw him alive on March 17, 1940.

	DURATION
Immediate cause of death La Grippe	9 days
Due to Hypostasis & pneumonia	
Due to	
Other conditions	

(Include pregnancy withiu 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Raymond T. Wolf M.D. M. D. or other

Address Easton, Md. Date signed 3/19/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

03437

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Oxford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fred Avon Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Oxford Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fred Avon Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lula Mabel Cox

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Thomas A. Cox

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 12/4/81

8. AGE: Years 58 | Months 3 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Bruceville Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John McMahan

13. Birthplace Md

MOTHER

14. Maiden name Alice Fraley

15. Birthplace Unknown

16. Informant Thomas A. Cox

Address Oxford Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/27/40 (month) (day) (year)

Cemetery or crematory Upper Bamboo

Location Talbot Co (Trappe rural)

18. Funeral director James A. Spence

Address Easton Md

19. Mch 26th 1940 (Date rec'd by registrar) Joseph A Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25th 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1940, to March 25 1940, and that I last saw her alive on June 1939.

Immediate cause of death: Cardiac Dilatation — DURATION: Instant

Due to Myocarditis; unspecified; Not known whether acute or chronic. — 3 mos.

Due to Arteriosclerosis — 4 years.

Physician only saw deceased after death.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A Ross Md M. D. or other

Address Trappe Md Date signed 3/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98-a)

03438

CERTIFICATE OF DEATH

Reg. Dist. No. 394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Offord
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Offord Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen V. Dyer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Thos. H. Dyer
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 28, 1870

8. AGE: Years 70 | Months 8 | Days | If less than one day hrs. min

9. Birthplace Talbot Co - Md - Near Offord
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edmond Banks
13. Birthplace Talbot Co.

MOTHER
14. Maiden name Carrie Adams
15. Birthplace Talbot Co.

16. Informant Thomas H. Dyer
Address Offord

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 1 - 1940 (month) (day) (year)
Cemetery or crematory Colored Cemetery
Location near Offord

18. Funeral director Maurice E. Newnam & Son
Address Easton Md.

19. Apr. 1st 1940 (Date rec'd by registrar) Joseph Gardner Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940 at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1940 to March 28 1940 and that I last saw him alive on March 28 1940

Immediate cause of death	DURATION
Acute Myocarditis	3 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard J. Mills M.D.
M. D. or other
Address Easton, Md Date signed 3/29/40

RECEIVED
APR 28 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

CERTIFICATE OF DEATH

03439

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Bozman Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 64 yrs 5 m 4 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Bozman, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cornelia V. S. Edmond

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: David Edmond
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct 5 1876
8. AGE: Years 64 Months 5 Days 4 If less than one day ____ hrs. ____ min.
9. Birthplace: Bozman, Talbot Co. Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James H. Sutton
13. Birthplace: Baltimore Md.
MOTHER 14. Maiden name: Elizabeth Ball
15. Birthplace: Bozman Md
16. Informant: David Edmond
Address: Bozman, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 12 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Christ Cemetery
Location: St. Michaels, Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels, Md.
19. Mch 11 1940 (Date rec'd by registrar) John Haworth Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 3 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Mar 9 1940, and that I last saw her alive on Mar 9 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arterial Hypertension	—
Due to: Arteriosclerosis	—
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. H. Hoke M.D.
M. D. or other
Address St Michaels, Md Date signed 3/11/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

03440
Reg. Dist. No. 298

1. PLACE OF DEATH:
County Talbot
City or town Rural - Near Wye Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) Talbot Co. - Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Rural - Wye Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near S. Wye Mills, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles William Fleetwood

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 11, 1862

8. AGE: Years 78 | Months 0 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Milford, Delaware (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business
FATHER
12. Name: James Henry Fleetwood
13. Birthplace: Delaware
MOTHER
14. Maiden name: Mary Ann Wright
15. Birthplace: Delaware
16. Informant: Ray Faulkner
Address: Wye Mills, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 27, 1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md.
19. 3/26 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ ____ 19__, to ____ 19__, ~~and that I last saw h~~ alive on ____ 19__.

Immediate cause of death: Uremia
Due to: chronic interstitial nephritis
Other conditions: ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Louis D. Welty M.D. Dep Med Ex M.D. or other
Address Easton Md Date signed 3-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

03441

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Neavitt
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Haddaway

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert Haddaway
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec. 3 1880
8. AGE: Years 60 | Months 3 | Days 8 | If less than one day hrs. min.
9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Joseph Thamert
13. Birthplace: Baltimore Md
MOTHER 14. Maiden name: Christiana Weiser
15. Birthplace: Germany
16. Informant: Robert Haddaway
Address: Neavitt, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Neavitt Md.
18. Funeral director: Newnam & Harmon
Address: St. Michaels Md.
19. Mch 13 1940 (Date rec'd by registrar) John Hurwalis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 11, 1940 12 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 10, 1940 to Mar. 11, 1940
and that I last saw her alive on Mar. 11, 1940

Immediate cause of death	DURATION
Angina Pectoris	several yrs.
Due to: Arteriosclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: #####
Accident, suicide, or homicide ##### Date of #####
Where did injury occur? ########## (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ###
Means of injury ###### Injured at work? ####

23. SIGNATURE J. B. Lewis, M.D.
M. D. or other
Address St. Michaels, Md Date signed 3.11.40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 293 03442

1. PLACE OF DEATH:

County Talbot

City or town Near Cordova, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Near Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Sarah Ellen Harris

3. (b) Social Security Number

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife William Harris

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years about 85 Months — Days — If less than one day hrs. min.

9. Birthplace Near Easton, Md (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER

12. Name John W. Andrews

13. Birthplace Talbot County, Md.

MOTHER

14. Maiden name Nancy Roants

15. Birthplace Talbot County, Md.

16. Informant Wm Bailey

Address R.D. Cordova, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-21-40 (month) (day) (year)

Cemetery or crematory Landing Neck Church

Location Near Easton Md

18. Funeral director J. Virgil Moore & Son

Address Denton Md

19. 3/21 — 1940 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to March 18 1940, and that I last saw h n alive on March 9 1940.

Immediate cause of death

chronic myocarditis

Due to arteriosclerosis and Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

one year

3 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Paul Knotts M D M. D. or other

Address Denton Md Date signed Mch 21-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

03443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (144d) bc

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hrs 10 min

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Rita May Haynes

3.(b) Social Security Number no

4. Sex F

5. Color or race B.

6.(a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ~~Benny Haynes (father)~~

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1920

8. AGE: Years 19 yrs. Months 10 Days 26 If less than one day hrs. min.

9. Birthplace Caroline Co. Md.
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business Own home

FATHER
12. Name Benny Haynes
13. Birthplace Greenwood, Del.

MOTHER
14. Maiden name Anna Truxson
15. Birthplace Caroline Co. Md

16. Informant Benny Haynes
Address Federalsburg Md R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery near Concord Md.

Location Concord, Md R.D.

18. Funeral director J. J. Frampton & Son
Address Federalsburg, Maryland

19. 3/6 1940 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 5 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-5 1940, to 3-5 1940, and that I last saw her alive on 3-5 1940.

Immediate cause of death Toxemia of pregnancy — DURATION 5 days.

Due to

Due to

Other conditions Four months pregnancy
(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other

Address Easton Md Date signed 3-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03444

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot.

City or town Cordova R. F. D. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ✓ County ✓

City or town ✓ Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Gus Lawrence

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	C	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
about 72			____ hrs. ____ min.

9. Birthplace Trappe md.

(Town, county, and state)

10. Usual occupation Labor.

11. Industry or business

FATHER

12. Name unknown No.

13. Birthplace

MOTHER

14. Maiden name unknown.

15. Birthplace

16. Informant Cargill Lawrence

Address Cordova md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof Mch 9, 1940 (month) (day) (year)

Cemetery or crematory Trappe

Location Trappe maryland

18. Funeral director Earl Willoughby

Address Easton md.

19. 3/8 1940 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6 1939, to March 6 1940, and that I last saw him alive on March 6 1940.

	DURATION
Immediate cause of death Chronic Myocarditis	2 years
Due to osteosarcoma	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Wilson M.D. M. D. or other

Address Easton, Md. Date signed 3/8/40

RECEIVED
APR 2 1940
BUREAU V. S.

03445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Talbot.

City or town Easton.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Alverta Virginia Ledrum.

3. (b) Social Security Number No.

4. Sex F. | 5. Color or race W. | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1874

8. AGE: Years 65 | Months 6 | Days 23 | If less than one day hrs. min.

9. Birthplace Talbot. Co
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Alexander Ledrum
13. Birthplace Md.

MOTHER
14. Maiden name Rhoda Clifton,
15. Birthplace Del.

16. Informant D. A. Ledrum
Address Easton, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mch. 12/40 (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton. Md.

18. Funeral director James A. Spence.
Address Easton, Md.

19. 3/12 1940 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1940, to Mar 10 1940, and that I last saw her alive on Mar 10 1940.

Immediate cause of death Cerebral hemorrhage — DURATION 5 days

Due to

Due to Arteriosclerosis — years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. McC. Stevens M.D.
M. D. or other

Address Easton Md Date signed 3-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

CERTIFICATE OF DEATH

03446

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 18 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 614 Goldsborough Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Howard Lipscomb

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

B (b) Name of husband or wife Mary R. Cox

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 18, 1863

8. AGE: Years	Months	Days	If less than one day
76	3	23	hrs. min.

9. Birthplace Orange Court House, Va.
(Town, county, and state)

10. Usual occupation Druggist

11. Industry or business

FATHER 12. Name John Lipscomb

13. Birthplace Virginia

MOTHER 14. Maiden name Margaret A. Howard

15. Birthplace Virginia

16. Informant Mrs. Marion E. Miller

Address Easton Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-16-40 (month) (day) (year)

Cemetery or crematory Hollywood Cemetery

Location Richmond, Va.

18. Funeral director John F. Williams

Address Easton Md.

19. 3/16 (Date rec'd by registrar) 1940 N. H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 1145 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/24 1940, to 3/12 1940, and that I last saw h[illegible] alive on 3/12 1940

Immediate cause of death	DURATION
Shock	3 days
Due to Ruptured Diverticulum of Colon (Diverticulosis)	3/12/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operation Diverticulum Sigmoid Mar. 1, 1940

Dt autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Palmer M. D. or other

Address Easton Md Date signed 3/14/40

RECEIVED
MAR 23 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03447

1. PLACE OF DEATH

County Talbot (184) Registration Dist. No. 294

Village or City Tilghman No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Lowery If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M. Lowery

6. DATE OF BIRTH (month, day, and year): March 3-1872

7. AGE: Years 68 | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 8 Wo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tilghman Md.

FATHER

13. NAME: James E. Lowery

14. BIRTHPLACE (city or town) (State or country): Talbot Co.

MOTHER

15. MAIDEN NAME: Mary E. Covington

16. BIRTHPLACE (city or town) (State or country): Talbot Co.

17. INFORMANT (Address): Mrs. Olive Howells

18. BURIAL, CREMATION, OR REMOVAL

Place: Tilghman Date: 3-7, 1940

19. UNDERTAKER (Address): J. Norman Marshall St. Michaels Md.

20. FILED: 3-7, 1940 G. F. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from never attended, 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 10 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gunshot wound in head (accidental)

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury March 5, 1940

Where did injury occur? Tilghman Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. near home

Manner of injury Gunshot (shot gun)

Nature of injury Side of face into brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wayne Reeser M. D.

(Address) Tilghman Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03448

Reg. Dist. No. 392

1. PLACE OF DEATH: Talbot

County

City or town Oxford.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Oxford Md.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alice Maxfield

3. (b) Social Security Number ✓

4. Sex Female

5. Color or race C

6. (a) ~~Single, married~~, widowed, or ~~divorced~~ widow

6 (b) Name of husband or wife Moses Maxfield. Deceased.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 81 | Months — | Days — | If less than one day — hrs. ____ min.

9. Birthplace Centerville Md. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Unknown.

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Martin Thomas.

Address Oxford Md.

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof 3-26-40. (month) (day) (year)

~~Cemetery or crematory~~ Oxford Neck.

~~Location~~ Near Oxford Md.

18. Funeral director Lewis A. Henry.

Address 222 Cedar St. Cambridge Md.

19. Mch. 24 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 49 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1940, to Mch 24 1940, and that I last saw her alive on Dec 27 1940.

Immediate cause of death Acute myocarditis

Due to Influenza

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 3 Mos Dec 27.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A. Ross M.D. M. D. or other

Address Grappe Md. Date signed 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

03449

Reg. Dist. No. 298

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 hours 15 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena McMullen

3. (b) Social Security Number no

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John McMullen (deceased)

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1870

8. AGE: Years 68 Months 10 Days 5 If less than one day hrs. min.

9. Birthplace Queen Anne Co, Md. (Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name John Boyles

13. Birthplace Q. A. Co.

MOTHER 14. Maiden name Martha

15. Birthplace Q. A. Co.

16. Informant Mrs. Susie Stone

Address Baltimore Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 3-28-40 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md.

18. Funeral director J. Virgil Moore & Son

Address Denton Md

19. 3/25 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from Mar. 24 1940 to Mar. 24 1940~~ ~~and that I last saw her alive on Mar. 24 1940~~

Immediate cause of death Internal injuries probably ruptured spleen

DURATION 7 hrs

Due to Automobile accident

Due to

Other conditions Diabetes mellitus - Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-24-40

Where did injury occur? Bridgetown (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Riding in car struck by another car Injured at work? no

23. SIGNATURE Louis J. Welty M.D. Dep. Med. Ex. M. D. or other

Address Easton Md. Date signed 3-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

03450

Reg. Dist. No. 392

1. PLACE OF DEATH:
County: Talbot
City or town: Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: No.
Stay in hospital or inst. (yrs., or mos., or days): Entire life
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Rural - near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carroll C. McNeal

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Miss Ida Hall
6(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): April 27 1873
8. AGE: Years 66 Months 10 Days 22 If less than one day ___ hrs. ___ min.
9. Birthplace: Landing Neck, Talbot Co, Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER
12. Name: Daniel McNeal
13. Birthplace: Landing Neck Talbot Co, Md
MOTHER
14. Maiden name: Elizabeth Hall Stewart
15. Birthplace: Landing Neck, Talbot Co, Md
16. Informant: Mrs. Carroll C. McNeal
Address: Trappe, Md. RD
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Mar. 23 1940 (month) (day) (year)
Cemetery or crematory: Landing Neck
Location: Near Trappe, Md
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md.
19. 40 Mch 23 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21st 1940, at 11 a 30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1938 to Mch 21st 1940, and that I last saw him alive on March 21st 1940.

Immediate cause of death: Uraemia
Due to: Arteriosclerosis with Hypertension
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 3 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Ross Md M. D. or other
Address: Trappe Md Date signed: 3/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-P)

CERTIFICATE OF DEATH

03451

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Talbot

City or town Royal Oak, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: (a) Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Alires

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Geo. Alires deceased

6(c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) Sept 13-1861

8. AGE: Years	Months	Days	If less than one day
78	5	22	hrs. min.

9. Birthplace Royal Oak Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Domestic

FATHER 12. Name Joseph Mackey

FATHER 13. Birthplace Royal Oak Md.

MOTHER 14. Maiden name Rebecca Bennett

MOTHER 15. Birthplace Royal Oak Md

16. Informant Martha Bramwell

Address Royal Oak Md.

17. Burial Date thereof 3-9-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Paul Cemetery

Location Royal Oak, Md.

18. Funeral director John D. Phillips

Address Easton, Md.

19. 3/9/40 (Date rec'd by registrar) M. M. Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Thur 6, 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1940, to Thur 6 1940, and that I last saw her alive on Thur 5 1940.

Immediate cause of death	DURATION
Mitral Disease	18 Mos
Due to Rheumatism Chr.	
Due to Hypertension	
Other conditions Bronchial Asthma	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work? ✓

23. SIGNATURE L. B. Lewis, M.D.
M. D. or other

Address St Michaels, Md. Date signed 3.6.40

RECEIVED
APR 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

03452

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or instit. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. N. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Harry Patchett

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rhoda Patchett
6 (c) If alive, give age 5-1 years
7. Birth date of deceased (mo., day, yr.): Oct. 6, 1875
8. AGE: Years 64 | Months 5 | Days 14 | If less than one day ____ hrs. ____ min.
9. Birthplace: Easton Md (Town, county and state)
10. Usual occupation: Book keeper
11. Industry or business: retired
FATHER 12. Name: James H. Patchett
FATHER 13. Birthplace: Easton Md
MOTHER 14. Maiden name: Hattie J. Roe
MOTHER 15. Birthplace: Easton, Md.
16. Informant: Rhoda M. Patchett
Address: Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/19/40 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton
18. Funeral director: Earl W. Stafford
Address: Easton, Md.
19. 3/18 1940 (Date rec'd by registrar) M. D. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940, to March 17 1940, and that I last saw him alive on March 17 1940.

Immediate cause of death	DURATION
Due to Intestinal obstruction	1 Mo.
Due to Carcinoma Bowel.	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: 1
Of operations Annular Carcinoma Transverse Colon & Obstruction
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE W. M. Palmer M. D. or other
Address Easton Md Date signed 3 19 40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03453

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot Co.
City or town Easton Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 hrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline Co
City or town Preston, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eugene Payne

3. (b) Social Security Number No

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 29, 1939
8. AGE: Years | Months 3 mo | Days 15 | If less than one day hrs. min.
9. Birthplace Preston, Caroline Co, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Eugene Purnell Payne
13. Birthplace Preston, Md.
MOTHER 14. Maiden name Ethel Lasere
15. Birthplace Preston Md
16. Informant Lillian Payne
Address Preston, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/15/40 (month) (day) (year)
Cemetery or crematory Federalsburg
Location Federalsburg, Md.
18. Funeral director J. J. Frampton
Address Federalsburg, Md.
19. 3/14 1940 (Date rec'd by registrar) N. A. Neeria Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1940, at 12 59 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1940, to March 14 1940, and that I last saw him alive on March 14 1940.
Immediate cause of death Broncho-pneumonia Bi-Lateral — DURATION 3 days from history
Due to
Due to
Other conditions Premature 1 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jack B. Garbeck M. D. or other
Address Easton Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (30-f)

03454

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Renda Louise Pinder

3. (b) Social Security Number no

4. Sex: Female
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 5 - 1940
8. AGE: Years | Months 2 | Days 12 | If less than one day hrs. min.
9. Birthplace Hurlock, Md. R.D. (Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Eli Quailes
13. Birthplace Dorchester Co. Md.
MOTHER 14. Maiden name Lillie M. Wing
15. Birthplace Hurlock, Md.
16. Informant Lillie M. Pinder
Address Hurlock
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/18/40 (month) (day) (year)
Cemetery or crematory Skinners Run
Location Skinners Run Md.
18. Funeral director J. F. Hampton & Son
Address Federalsburg Md.
19. 3/18 1940 (Date rec'd by registrar) M. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 10:35 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16 1940, to March 17 1940, and that I last saw her alive on March 17 1940.

Immediate cause of death	DURATION
Acute hepatitis	3 days
Due to sulfars phenamine nephrosis	
Due to sulfars phenamine, given for congenital syphilis. C.W.G.R.	3 whs.
Other conditions scurvy	3 whs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy lesions in liver & kidney due to heavy metal

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Eleanor H. McCoy (M. D. or other)
Address Easton, Md. Date signed 3-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8372)

03455

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 39 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Harry R. Porter

3. (b) Social Security Number No.

4. Sex M.

5. Color or race C

6. (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1900

8. AGE: Years 39 Months 9 Days 28. If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Clarence Porter
13. Birthplace Md.

MOTHER
14. Maiden name Gertrude Pennington.
15. Birthplace Md.

16. Informant Amanda Jenkins.
Address Easton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Mch. 7, 1940
(month) (day) (year)

Cemetery or crematory Richards

Location Easton Md.

18. Funeral director James A. Spence
Address Easton, Md.

19. 3/7 1940 N. H. Nevius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. ~~Feb.~~ 4 1940, at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1939 to ~~Feb.~~ Mar. 4 1940, and that I last saw him alive on March 4 1940.

Immediate cause of death Monoplegia
Primary cause: Cerebral hemorrhage
Duration: five months. cwt.

DURATION 5. mo.

Due to Overwork

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard L. Webb M.D.
M.D. or other

Address Easton, Md. Date signed 3/5/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 212

CERTIFICATE OF DEATH

03456

1. PLACE OF DEATH:
(a) County Talbot
(b) City or town Trappe rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) ✓

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Trappe rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. ✓
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Roger Polk

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13-1940

8. AGE: Years ✓ | Months ✓ | Days ✓ | If less than one day ✓ hr. ✓ min.

9. Birthplace Trappe (rural)
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Clarence Entsminger
13. Birthplace Talbot Co Md

MOTHER 14. Maiden Name Edith Elizabeth Polk
15. Birthplace Talbot Co Md

16 (a) Informant Edith E Polk
(b) Address Trappe RD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-40 (month) (day) (year)
(c) Cemetery or crematory Presumed Stephen Polk
Location Trappe rural

18 (a) ~~Funeral director~~ Stephen Polk
(b) Address Trappe Md RD

19 (a) Oct 13-40 (Date rec'd by registrar) (b) Joseph A Cox Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 13 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ✓ 19—, to ✓ 19—, and that I last saw him alive on ✓ 19—.

Immediate cause of death	Duration
Stillbirth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A Cox (Reporter)
M. D. or other
Address Trappe Md Date signed 3/31/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03457

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Do

3. (a) FULL NAME Teresa Ammijo Pratt.

3. (b) Social Security Number Do

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: John Pratt.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): not Known.

8. AGE: Years: 91 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Santa Fee, New Mejico
(town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name
13. Birthplace: Not Known

MOTHER
14. Maiden name
15. Birthplace: Not Known.

16. Informant: Stewart S. Janney

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 15, 1940 (month) (day) (year)

Cemetery or crematory Greenmount

Location Baltimore, Md.

18. Funeral director James A. Spence

Address Easton Md

19. 3/14 1940 N. H. Reeves
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 1940, to Mar 13 1940, and that I last saw h-- alive on Mar 13 1940.

	DURATION
Immediate cause of death: Acute Myocarditis	6 days.
Due to	
Due to Chronic Myocardial degeneration	several years.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. McC. Stevens
M. D. or other

Address Easton Md Date signed 3-14-40.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

03458

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Goldsborough

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3.(a) FULL NAME Annie Collins Rose

3. (b) Social Security Number No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed Robert E. Rose

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 17, 1854

8. AGE:

Years	Months	Days	If less than one day
85	10	21	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Collins

13. Birthplace Md.

MOTHER 14. Maiden name Sarah McNabb

15. Birthplace Md

16. Informant Mrs. Howard Kinnamon

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 5th 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director James A. Spence

Address Easton, Md.

19. 3/5 (Date rec'd by registrar) 1940 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939 to Mar 3 1940, and that I last saw her alive on Mar 3 1940.

Immediate cause of death Pulmonary Thrombosis — DURATION 3 hours

Due to Fractured femur; due to an accidental fall, in the Emergency Hospital

Due to Easton, Maryland, December 4th, 1939.

C. W. & R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec. 4, 1939

Where did injury occur? Easton (City or town) Talbot (County) Md. (State)

Injured at home, farm, industry, public place (where?) Emergency Hospital

Means of injury Accidental fall. Injured at work?

23. SIGNATURE Tyler Baker M.D. M. D. or other

Address Easton Date signed 3-5-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

03459

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Schultz

3. (b) Social Security Number No

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17, 1940

8. AGE: Years | Months | Days: 14 | If less than one day: hrs. min.

9. Birthplace St. Michaels, Talbot, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr. Leo Schultz

13. Birthplace Queen Anne

MOTHER 14. Maiden name Margaret Callahan

15. Birthplace Philadelphia, Pa.

16. Informant Mr. Leo Schultz

Address St. Michaels, Md.

17. St. Joseph Burial Date thereof 3/4/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph

Location Condon Md R 1.

18. Funeral director Bernard Harrison

Address St. Michaels, Md.

19. 3/4 19 40 M. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 7:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1940, to March 3 1940, and that I last saw him alive on March 3 1940.

Immediate cause of death	DURATION
Procedure	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Palmer M. D. or other

Address Easton Md Date signed

RECEIVED
APR 8 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-a)

03460

CERTIFICATE OF DEATH

Reg. Dist. No. 293.

1. PLACE OF DEATH:
County Talbot
City or town Near Cordova Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town near Cordova — Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Robert H. Seth

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: unknown
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 6/26/64

8. AGE: Years 75 Months 8 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Caroline Co. Md. (Town, county, and state)
10. Usual occupation Farmer & Carpenter
11. Industry or business

FATHER
12. Name Harrison Seth
13. Birthplace Md.

MOTHER
14. Maiden name Margaret Webb
15. Birthplace Md.

16. Informant Elijah W. Seth
Address 1229 — 10th St. N. W. D. C. Washington

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/13/40 (month) (day) (year)
Cemetery or crematory Richards
Location Easton Md.

18. Funeral director James A. Spence
Address Easton Md.

19. 3/12 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at 7th M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940, to March 9, 1940, and that I last saw him alive on March 9, 1940.

Immediate cause of death: Acute Myocarditis — DURATION 1/2/40
Due to overwork
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb M.D. M. D. or other
Address Easton, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

03461

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Skinner (twin 2)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	B	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1940

8. AGE: Years | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Medford Skinner

13. Birthplace Md.

MOTHER 14. Maiden name Anna Mae Skinner

15. Birthplace Md.

16. Informant Ida Harris

Address Easton Md

17. Cremated (Burial, cremation, or removal. Which?) Date thereof 3/15/40 (month) (day) (year)

Cemetery or crematory At home

Location Easton, Md. R.D.#3

18. Funeral director Anna Mae Skinner

Address Easton Md. R.D.#3

19. 3/20 19 40 (Date rec'd by registrar) N.H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw ____ alive on ____ 19____.

Immediate cause of death Stillborn

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N.H. Norris M. D. or other

Address Easton, Md. Date signed 3/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Stilb.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

D N Copy 03462

Reg. Dist. No.

1. PLACE OF DEATH:
County Talbot
City or town Easton Md R D # 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton Md R D # 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Edward H. Smith
3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Emma Sheetz Deceased
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): April 15-1867

8. AGE: Years	Months	Days	If less than one day
77	10	28	hrs. min.

9. Birthplace: Erie Co. Penna.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Winfield Smith
13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown.
15. Birthplace
16. Informant: Clayton Smith
Address: Easton RD # 2 Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof 3/16/40 (month) (day) (year)
Cemetery or crematory: Erie Cemetery
Location: Erie, Penna.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. 3/14 1940 N. H. Reeves
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 14 1940, at 3a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1940, to March 14 1940, and that I last saw him alive on March 13, 1940.

Immediate cause of death	DURATION
Apoplexy	2 days
Due to: Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: P. F. Cox M. D.
M. D. or other
Address: Easton Md Date signed 3-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (127-a) tr

03463

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 13 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton - Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Roberta Stevens
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ Lacey Norman Stevens
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Dec. 24 - 1881

8. AGE: Years 58 Months 2 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Caroline County Maryland.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business Own Home
FATHER 12. Name Wilmer Burton Parker
13. Birthplace Bridgeville Delaware
MOTHER 14. Maiden name Anna Belle Noble
15. Birthplace Hickman, Delaware.
16. Informant Mr. Lacey Norman Stevens
Address Denton, Md. R.D. #1
17. Burial. Date thereof Mch. 29 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Denton.
Location Denton, Md.
18. Funeral director James A. Spence.
Address Easton, Md.
19. 3/19 1940 N. H. Neeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 2:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1940, to Mar. 18 1940, and that I last saw her alive on Mar. 18 1940.

Immediate cause of death — DURATION
Due to Biliary infection — 2 wks
Due to Common duct obstruction — 6 months
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations acute cholecystitis
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Palmer
M. D. or other
Address Easton Md. Date signed 3 19, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49a)

03464

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 47 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Katherine Willson

3. (b) Social Security Number no

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Spry Denny Willson

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 19 - 1884

8. AGE: Years 55 Months 2 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Bavaria, Germany
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

FATHER
12. Name Andrew Voit
13. Birthplace Germany

MOTHER
14. Maiden name Barbara Keesmiller
15. Birthplace Germany

16. Informant Mrs. Catherine W. Cremers
Address St. Michaels, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 6, 1940
(month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director J. Norman Marshall
Address St Michaels Md

19. 3/5 1940 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 1:13 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1940, to Mar. 5 1940, and that I last saw her alive on Mar. 5 1940.

Immediate cause of death Sarcoma — DURATION 9 wks

Due to Sarcoma Ovary Rt — 9 wks.

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings: Sarcoma Ovary
Of operations ~~Edmonds~~

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer
M. D. or other

Address Easton Md Date signed 3/7 40

RECEIVED
APR 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93a)

CERTIFICATE OF DEATH

03465

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

1. PLACE OF DEATH

County Talbot.

City or town Rural Near Trappe Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Entire life.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot.

City or town Rural Nr. Trappe Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Woolford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6 (b) Name of ~~husband~~ or wife Carrie M. Woolford

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 13 — 1872

8. AGE:

Years	Months	Days	If less than one day
67	5	17	---hrs. ---min.

9. Birthplace Near Trappe

(Town, county, and state)

10. Usual occupation Farmer - Laborer

11. Industry or business

FATHER

12. Name John. Henry Woolford.

13. Birthplace Trappe Md.

MOTHER

14. Maiden name Mary E. Mills

15. Birthplace Talbot Co - Oxford District

16. Informant Carrie M. Woolford

Address Trappe Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 5 1940 (month) (day) (year)

Cemetery or crematory Trappe Colored Cem.

Location Trappe Md (rural)

18. Funeral director Maurice E. Newnam & Son

Address Easton Md.

19. Mch 5. 1940 (Date rec'd by registrar) Joseph A. Cox Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1939 to March 2 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death Acute Myocarditis — DURATION 3 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb M.D. M. D. or other

Address Easton, Md. Date signed 3/2/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

03466

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Cordova
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Cordova Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna R. Ziegelbrier

3. (b) Social Security Number:

4. Sex: Fem.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 10th, 1875
8. AGE: Years: 64 | Months: 9 | Days: 27 | If less than one day: hrs. min.
9. Birthplace: Austria-Hungary ~~Germany~~ (Town, county, and state)
10. Usual occupation: Seamstress
11. Industry or business:
FATHER 12. Name: Carl Ziegelbrier
13. Birthplace: Austria Hungary ~~Germany~~
MOTHER 14. Maiden name: Anna Mrasz
15. Birthplace: Austria-Hungary ~~Germany~~
16. Informant: Rev. C. Ziegelbrier
Address: Cordova Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 11 (month) (day) (year)
Cemetery or crematory: St. Pauls Lutheran
Location: Cordova Md.
18. Funeral director: Raymond B. Rawlings
Address: Trappe Md.
19. 3/8 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7th 1940, at 4:10 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27th 1940, to March 7th 1940, and that I last saw h-er alive on March 6th 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	9 days
Due to: Arterio Sclerosis	3 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William A. Seymour M. D. or other
Address: Easton Md. Date signed Mar. 7/40

RECEIVED
APR 2 1949
BUREAU V. S.